

# Kids College and Parent University

Register now or call (480) 443-0050 for more information!

Full payment\*, consent form, and questionnaire, for program of interest due 1 week prior to first group meeting. Late penalties may apply:

Participant Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Program Name \_\_\_\_\_ Group # (if applicable) \_\_\_\_\_

Parent or Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Would you like to be on the mailing list for this group?  Yes  No

If you wish to charge your payment:

Visa Expiration Date \_\_\_/\_\_\_

Mastercard Account # \_\_\_\_\_

Discover Signature \_\_\_\_\_

Please mail check or money orders to:

Melmed Center  
Attn: Billing Coordinator  
5020 E. Shea Blvd., Ste. 100  
Scottsdale, AZ 85254

\* THERE WILL BE NO CREDIT FOR MISSED MEETINGS